

Appeal Type: Outpatient Care	Appeal Category: BioFeedback
Case Number: 0200206	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for out-of-network EEG BioFeedback treatment for learning disabilities and ADD.	Reason for Decision: External review agency determined that there are no guidelines for this treatment in treating this condition. Also, the individual performing the procedure is not a licensed physician, psychologist, social worker, or other mental health provider, which is a requirement under the terms of the health plan.

Appeal Type: Outpatient Care	Appeal Category: Chiropractic
Case Number: 0200486	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for additional chiropractic visits beyond the 20 visits authorized by the health plan.	Reason for Decision: External review agency determined that there was no treatment plan, no evidence that the patient is progressing as there are no significant progress examinations, no objective evidence of patient progress, and no evidence of resolution. Patient history, examination findings, x-ray results, and diagnosis suggest a short course of chiropractic care. Extended treatment is not medically necessary and exceeds a reasonable prognosis.

Appeal Type: Outpatient Care	Appeal Category: Acupuncture
Case Number: 0200496	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for acupuncture services for treatment of Irritable Bowl Syndrome.	Reason for Decision: External review agency determined that the patient's history and symptoms were appropriate for acupuncture services. The National Institutes of Health lists conditions for which acupuncture is an effective remedy, beyond those stated by the carrier, which include gastrointestinal complaints, constipation, diarrhea, anxiety, and depression. Acupuncture was an appropriate and effective treatment for this patient.

Appeal Type: Outpatient Care	Appeal Category: Dermatology Out-of-plan Provider
Case Number: 0200350	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for services with an out-of-plan dermatologist.	Reason for Decision: External review agency determined that the patient has a very rare condition which can be debilitating. In-plan providers treated the patient unsuccessfully. With no providers in-network equipped to treat this rare condition, it is medically necessary for this patient to go out of the network to seek successful treatment.